



Heating Assistance Program

October 01, 2011-September 30, 2012
Contingent upon availability of funds

What do I need to bring?

- ___ ID card for all adults
- ___ Proof of total members in household
(birth certs, school records, ATAP printout)
- ___ CDIB/Tribal Card or letter from Federally
recognized tribe
- ___ Proof of Present Address (lease, deed, receipt)
- ___ Utility Bills (recent)
- ___ Shut off Notice (if applicable)
- ___ ALL INCOME MUST BE REPORTED: (Wages,
Alimony, Foster Care, Adoption Subsidy, Annuity,
Retirement, Pension, Unemployment, Workers'
Compensation... ALL INCOME regardless of source

Family Size	Gross Income
1	\$2,550.00
2	\$3,446.00
3	\$4,343.00
4	\$5,239.00
5	\$6,135.00
6	\$7,031.00
7	\$7,928.00
8	\$8,824.00
9	\$9,720.00
10	\$10,616.00

Gross Income: An individual's total personal income before taking taxes or deductions into account.

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED

I understand that it is against the law to make false statements on this application. I agree to notify Kenaitze Indian Tribe/LIHEAP within (10) days of any changes in my circumstances (i.e. loss of job, change of residence, or family size). Failure to do so may cause me to be dropped from the program.

STOP Fraud and Abuse:

- Prevention – addressing opportunities for improper program administration and use.
- Detection – implementing measures to identify and mitigate opportunities for improper program use or implementation that are regularly applied to program operations.
- Correction – executing immediate action to make program repairs if program integrity has been compromised.
- Prosecution – reporting of abuses to law enforcement officials.

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Energy Assistance Application

APPLICANT INFORMATION

Last name	First	MI	Date received
Date of Birth	Social Security Number		Phone number
Mailing address		City	State Zip
Physical address		City	State Zip
Racial Heritage (optional): You may check one or more <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian </div> <div> <input type="checkbox"/> Alaska Native <input type="checkbox"/> African-American <input type="checkbox"/> Other: _____ </div> </div>			
Have you or any adult in your household applied for Heating Assistance from the State of Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" you cannot receive Heating Assistance from both a Tribal or Native organization and the State of Alaska.			
Are you or anyone in your household (mark all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 60 years or older <input type="checkbox"/> Disabled <input type="checkbox"/> Food Stamps or Public Assistance <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Child 6 or under <input type="checkbox"/> Child 5 or under <input type="checkbox"/> Child 2 or under <input type="checkbox"/> Child 3 – 5 years </div> </div>			

HOUSEHOLD INFORMATION (if you need more space, attach another sheet of paper)

Name (First, MI, Last)	Relation (to self)	Social Security Number	DOB	AGE

Do you share your home with roommates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	
Do you live in a: <input type="checkbox"/> House <input type="checkbox"/> Trailer (Dimensions _____ X _____ = _____ sq ft) <input type="checkbox"/> Cabin (<input type="checkbox"/> loft <input type="checkbox"/> no loft) <input type="checkbox"/> Apt. – <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> 4 or more units - How many apartments are in your building? _____ <input type="checkbox"/> Other _____	
Do you participate in any of the following? <input type="checkbox"/> AK Housing Voucher Program <input type="checkbox"/> Kenaitze Indian Tribe <input type="checkbox"/> Other: _____	
Do you: <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Rent How many bedrooms? _____	Enter amount below (monthly expense) Rent \$ _____ Mortgage \$ _____ Space Rent \$ _____
If renting, name of your Landlord _____ Phone # _____ Address of Landlord _____	

ENERGY INFORMATION

Have you ever received energy assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when, where? _____	
How is your home heated: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood (Vendor or Self Harvest) <input type="checkbox"/> Propane	
Are energy utilities included in your rent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part, how much _____	
Name of electric company _____ Account # _____ What name is on the bill? _____ Shut off notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of your gas dealer _____ Account # _____ What name is on the bill? _____ Shut off notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of fuel/stove oil dealer _____ Account # _____ What name is on the bill? _____ Shut off notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of your propane dealer _____ Account # _____ What name is on the bill? _____ Shut off notice: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of your wood dealer _____ Phone # _____ Address of wood dealer _____	

INCOME **ALL INCOME MUST BE REPORTED**

What is your occupation? _____

Proof must be provided for all persons in the household. This includes all income received **thirty days (30)** prior to application. Proof includes: paycheck stubs, fishing statements, letters of determinations, federal or state entities, computer print-outs from the Division of Social Services, etc. Tax return if self employed.

If you have no income, make a written statement as to how you survive, support yourself, your family and how you have existed. This will be considered your income statement. Use the Comments section provided on the next page. **If you do not include proof of your income or write an income statement, your application will be returned to you.**

Person working	Employer	Dates of employment	Gross mo. income
			\$
			\$
			\$

Income type	Who received it	Amount
Adoption Subsidy		\$
AK PFD – AK Permanent Fund Dividend		
Alimony		\$
APA – Adult Public Assistance		\$
ATAP – Alaska Temporary Assistance Program		\$
GA –General Assistance		\$
Child Support		\$
Disabled Veterans benefits		\$
Federal/State Survivor benefits		\$
Food stamps		\$
Foster Care Payments		\$
Government/Other retirement checks		\$
GR – General relief		\$
Longevity benefits		\$
Money from roomers or boarders		\$
Pension		\$
Retirement		\$
Self – Employment – SEE ATTACHED		\$
SSA - Social Security		\$
SSI – Supplemental Secondary Income		\$
Unemployment Insurance (Monthly)		\$
Workers Compensation		\$
Other		\$
Other		\$
TOTAL		\$

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Comments:

I understand that it is against the law to make false statements on this application. I agree to notify KIT/LIHEAP within ten (10) days of any changes in my circumstances (i.e. loss of job, change of residence, or family size). Failure to do so may cause me to be dropped from the program.

Notice of Right to appeal: Any person whose application is denied or not acted upon with reasonable promptness, or whose benefits are reduced or terminated, has the right to a fair hearing. It is the policy of the Kenaitze Indian Tribe (KIT) that its customers have certain rights and responsibilities, including the right to file a complaint. It is the policy of KIT that customers are entitled to be informed of their rights and responsibilities and to a timely and orderly resolution to their complaints. Such complaints may pertain to but not be limited to (a) eligibility (b) staff conduct, (c) quality of care, (d), access to services, and (e) confidentiality. KIT will make every effort to resolve the complaint within a reasonable time frame and in accordance with Tribal, State, or Federal Law.

Grants are based on Community, Family Size, Income, Fuel Type & Dwelling Type

Applicant signature

Date

Fee agent/Witness signature

Date

Authorization for Release of Information
Required for all household members 18 and older

I, _____, residing at (address) _____

do hereby authorize the release of information requested by the Kenaitze Indian Tribe Energy Assistance Program. The requested information shall be used solely in the administration of Energy Assistance and will not be released to any other person or agency outside the Energy Assistance Program or its agents. I hereby authorize the Kenaitze Indian Tribe to obtain and exchange *information related to my applications to participate in their programs, specifically to verify my receipt of benefits and payments.* This release of information *shall be in effect while I'm an applicant or recipient of Energy Assistance, and for any later investigation pertaining to my eligibility and receipt of Energy Assistance benefits.*

Persons or organizations that may be contacted include, but are not limited to: the Department of Public Assistance, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor and Workforce Development, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Signature

Signature of Witness if signed with an 'X'

Printed Name of Applicant

Printed Name of Witness

Social Security Number

Date

Date

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Applicant Signature

Signature of Witness if signed with an 'X'

Printed Name of Applicant

Printed Name of Witness

Social Security Number

Date

Date